



Memorial Gifts Form

To participate, complete this form and mail it with your check to:

ALS TDI
215 First Street, 2nd Floor
Cambridge, MA 02142

Enclosed is \$_____ as a gift to the ALS Therapy Development Institute.

The name of the person I wish to memorialize is: _____

Please send acknowledgement to: _____

Whose address is: _____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make checks payable to the ALS Therapy Development Institute.

For more information, contact Vanessa Winfield at donations@als.net

Tel: (617) 441-7246

Fax: (617) 441-7299